

AMERICAN MEDICAL INTELLIGENCER.

Vol. II.

April 16, 1838.

No. 2.

ART. I.—OBSERVATIONS ON THE EMPLOYMENT OF CARBONIC ACID GAS AS A THERAPEUTIC AGENT.

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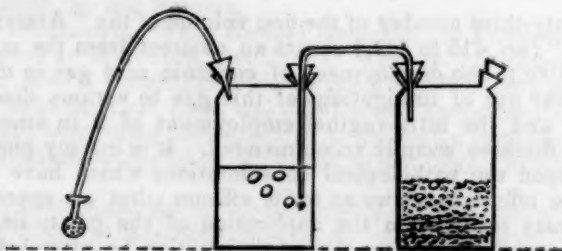
In the twenty-third number of the first volume of the "American Medical Intelligencer," (pp. 415 to 417,) occurs an abstract from the memoir of Dr. Furnari, relative to the employment of carbonic acid gas in medicine. In this abstract the use of fumigations of this gas to various diseased tissues is spoken of, and the intra-vaginal employment of it in amenorrhœa and other uterine diseases warmly recommended. It is not my purpose to comment either upon the pathological considerations which have induced this practice, or to offer any views as to its efficacy; but an apprehension lest some injury may result from the application of the gas to tissues of such delicacy and sensibility, unless the administration be attended with proper precautions, induces me to ask the attention of the profession of this country to the following considerations. The danger, which I apprehend, may arise from the following paragraph,—“These fumigations are prepared, in cases of uterine pains, by receiving into the vagina the free extremity of a gum-elastic canula, surmounted with a nipple-like end, through which is passed carbonic acid gas, which is disengaged from carbonate of lime by means of dilute sulphuric or hydrochloric acid.” “Nothing is more simple, less expensive, and more easy to practise than this operation.”

It is true enough that there is no simpler operation in chemistry than the disengagement of carbonic acid gas, and the subsequent distribution of it in any direction by means of an elastic tube; but did the author bear in mind that nascent gases, especially those resulting from the action of an acid, always carry over with them large quantities of the acid in the form of vapour, intimately associated with every bubble that rises? Is there not room for apprehension, that the gas fresh from the materials, to the reaction of which its escape is due, will carry over a sufficient quantity of the mineral acid to act, if not as an escharotic, at least as a powerful rubefacient or stimulant to the delicate tissues for whose advantage it is directed to be employed?

So great have been my apprehensions upon this subject that I have felt it my duty to caution the profession against this effect immediately upon the perusal of the paragraph quoted; and I am induced at the same time to suggest a means by which the efficacy may be tested, without exposing the patient to the risk of injury from the direct action of the strong mineral acids.

It is essential that the gas employed for this purpose should be perfectly free from the sulphuric or hydrochloric acids, by means of which it is liberated from its solid compound; and this degree of purity can only be accomplished by washing the gas in water. The employment of an apparatus for this purpose may be somewhat inconvenient in the country; but it would be far better to abstain from the use of the gas altogether than to incur the

risk of irritation, or even inflammation which might ensue from its employment in an unwashed state. I shall endeavour to arrange some simple apparatus for this purpose, in which if I should be successful I will forward you a drawing and description of it. At present, the only means which suggests itself is to employ for the purpose Woulfe's bottles, connected with each other by a bent tube, as in the annexed woodcut. In the one, the carbonate of lime is to be placed; in the other, water enough to cover the end of the bent tube which connects the bottles. The elastic tube should then be connected with the open mouth of the second bottle, in which the water is contained; and the whole apparatus being prepared, the dilute acid may be poured into the first bottle containing the carbonate of lime; the mouth of the bottle being immediately closed. Effervescence will immediately take place, and the gas proceeding through the bent tube will be compelled to pass through the water in the second bottle, be deprived of all contamination, and forced out of the elastic tube by the pressure from behind, arising from the constantly accumulating pressure in the bottle wherein it is disengaged.



The chief difficulty attending the use of this would be obtaining the Woulfe's bottles; in all other respects no improvement or simplification would be required. The patient could readily perform all the manipulations herself after having been once instructed in the proper proportions of the materials to be employed.

A word or two as regards the acid to be used. Hydrochloric acid is decidedly preferable to sulphuric acid on account of its yielding a soluble salt with lime, which may be removed from the generator with far greater ease than the heavy, adhesive, insoluble sulphate, and on this account it should always be employed. The quantity of carbonic acid yielded by limestone or chalk, if of tolerable purity, is always the same, whatever be the acid employed; and I annex the quantity by weight which is required to produce a gallon of carbonic acid gas at the average temperature of 60° F.; should the temperature range above 60° F. the volume of gas will be somewhat increased. The paper from which I quote the above paragraphs, gives no idea of the quantity of gas required; but it is decidedly an advantage to the correct observer to be acquainted with the exact amount employed, as he may thereby be enabled not only to form a much more correct estimate of its influence, but to increase or diminish the quantity in definite proportions as the indication may require.

In large cities, where carbonated waters are manufactured on a large scale, the most easy plan of all to obtain the use of this new therapeutic agent, and in a perfectly pure condition, is to affix the elastic tube to a bottle of soda water, as it is called, and having introduced the canula into the vagina, to compel the gas to pass over by immersing the bottle in a basin of boiling water, by which means a quantity of gas would be obtained equal to about five times the volume of the soda water employed.

The exact quantity of pure carbonate of lime required to furnish a gallon of carbonic acid is 242.86 grs., near enough to half an ounce, to allow that weight to be substituted for it. To decompose this quantity a fluid ounce of

common muriatic acid will be sufficient. By adopting these proportions the gas may be administered in definite doses, as it were, and its effects be much more satisfactorily observed and determined.

Baltimore, April 2d, 1838.

We have cheerfully inserted the preceding communication, although we apprehend that the fears of our intelligent correspondent are unnecessary. No inconvenience of the kind which he describes appears to have followed the administration of the carbonic acid gas in the manner advised by Furnari and others. Still the plan suggested by Dr. Fisher obviates all possible objections. We have not yet used the gas in the cases referred to; but being aware that our friend, Dr. Mütter, of this city, had employed it in one case—disengaged in the simple manner advised by Furnari—we requested him to inform us of the results, and received from him the following reply:—*Ed.*

April 5th, 1838.

Dear Dr.—Your note requesting some information relative to the *modus agendi* of the carbonic acid gas fumigations has just been received.

I regret that my experience in the use of this agent is limited to a single case, the one to which I alluded in the conversation I had with you some time since on this subject.

In the case of Miss H. (difficult menstruation) I employed the apparatus constructed for me by Mr. F. Brown, and which I believe you saw. The tube through which the gas escaped was introduced into the vagina, and allowed to remain at each application *ten minutes*, during which period there was a copious evolution of the gas.

So far from producing any disagreeable consequences, its application was succeeded by the most striking relief.

I particularly requested her to state whether or not she suffered *pain* or *soreness* in the vagina or womb during the evolution of the gas, or after the instrument had been withdrawn, and received as an answer, "that there was nothing of the kind."

It would appear that the action of the gas is chiefly *local*, (at least when applied for a short time), for there was no *perceptible* alteration in any of the organic functions after its use in the case of Miss H.

I cannot of course deny the *possibility* of injurious effects succeeding to the *improper* use of this remedy, but judging from the statements of Mojon and Furnari, and from the results in the single case referred to, I should be very loth to believe that such would be the case where its application was directed with care and judgment. Very truly yours,

THOS. D. MUTTER.

Prof. Dunglison.

ART. II.—SYMPATHY BETWEEN THE MAMMÆ AND UTERUS IN REPRODUCTION.

BY RICHARD CLARKE, M. D., OF UNION TOWN, S. ALABAMA.

Professor Dunglison.

Union Town, Feb. 12, 1838.

Dear Sir,—A very remarkable fact came under my observation which I take the liberty to communicate to you without comment.

A lady in this vicinity, who had never borne a child, was requested to take charge of an infant during the illness of its mother. In the course of the night, the infant becoming restless and fretful, the lady, to quiet it, put her nipple into its mouth; this was done from time to time till the child brought her to her milk. Some time afterwards she conceived, and at the expiration of the usual term was delivered of a fine large child. This circumstance would not, perhaps, have made any impression on my mind but

for an instance strikingly similar, which occurred, previous to my departure from Virginia, on the plantation of my brother, who is witness to the fact.

He owned a terrier slut that lived to be some seven or eight years old before she would receive the dog. My brother's son, on one occasion, carried home a puppy, towards which the slut evinced the greatest fondness, and would allow it to suck. A short time afterwards she gave milk; then, and not till then, she manifested great inclination to go to the dog; she conceived, but died before bringing forth a litter of puppies.

The cases above cited derive additional support from one detailed to me as coming under the observation of Doctor Watkins Vaughan, of this state.

To what may this be attributed? Ordinarily, females are not so apt to conceive during lactation as before or afterwards. Yet in the cases above instanced it appears that conception was dependent on lactation. These facts may afford you some matter for speculation, as well as be of importance to those persons who are desirous of having offspring. If not too troublesome I would be thankful for your views on this subject.

Respectfully, your obedient servant,

RICHARD CLARKE, M. D.

The preceding communication is interesting as exhibiting, in another form, the intimate and mysterious sympathy that exists between the mammae and the uterus. We are not aware that any cases are on record of a similar kind to those detailed by our correspondent. Should any such have fallen under the observation of our readers, we shall feel thankful for a notice of them.—*Ed.*

ART. III.—REMARKS ON A CASE OF ALLEGED IGNORANCE AND MALPRAXIS.

BY JOHN ROLPH, M. D., LATELY OF TORONTO, U. C., NOW OF NEW YORK.

The learned editor of the "*American Medical Library and Intelligencer*," has inserted in his valuable publication, No. 19,¹ the report of a trial, styled the *Queen vs. Flint L. Keyes*, furnished him by Dr. Thomas Rolph, practising at Ancaster, in Upper Canada. It was published in detail as one "of importance in medical jurisprudence;" and a portion of its importance properly arises from the instructive nature and character of the medical testimony. It is therefore presumed the following stricture will not be deemed irrelevant.

Dr. Thomas Rolph, as a witness on this trial, gave his decided opinion that the death of the child was caused by the injury inflicted on the scalp.

This is bold evidence. The scalp and pericranium are not organs so intimately connected with life as to render even their exterior laceration, independent of any other injury, immediately or commonly fatal. In the instance under review, the wound, according to the witness, "was of an inch in length on the left parietal bone." It would require undue credulity to believe, that alone it constituted "a mortal injury;" and the subsequent effusion of blood (a common result) into the cellular connections between the scalp and the occipito-frontalis, to the amount of two ounces of coagulum, while the child was connected with the placenta, could by no means so aggravate the mischief as to make it presently fatal. And giving the witness the full further benefit of a "bruised appearance extending from the wound to the neck," ascribed by Dr. Craigie to the forceps' blade, there is still very far from enough, even adding indentations on the bone, to warrant us in pronouncing it "sufficient evidence of existing mortal injury."

¹ *Intelligencer* for Jan. 1, 1838, p. 347.

Extensive denudation of the pericranium of adults from wounds is of common occurrence; but it is never fatal unless connected with other present or consecutive mischief. The young rule-bound practitioner, who has allowed "forty hours to elapse after the rupture of the membranes, before using instruments," while an unfortunate patient has been writhing in all the agonies of active labour, foreseen to be certainly unavailing, may have seen a living child extracted with a portion of the scalp, having suffered from pressure, in a sloughing state; and yet the child survive to manhood. A fetid and putrid discharge, in the course of a protracted labour, cannot be taken as a certain indication of foetal death and decay; because, with the presence of such indication from the sloughing of a portion of the scalp, a child, upon the point of being sacrificed, has been by art introduced into the world living and to live. In cases of deformed pelvis, and in face presentations, the child's head often undergoes far more alarming and critical conditions than a tegumentary "wound of an inch in length on the left parietal bone." That it was most wrong to inflict such a wound on such an occasion, is one proposition; that the wound was the cause of death, is another proposition, and a most hazardous one too, contradicted by our knowledge of the functions of the part, and at variance with our daily experience.

The witness, who meditated a complaint, and very properly called Dr. Craigie to assist in the examination of the body, ought to have conducted that examination fully and satisfactorily. To disinter the child merely to record what he had already seen, "a wound of an inch in length," in the scalp, was a frivolous ostentation. If the injury to the head caused immediate death, without hemorrhage, it obviously must have penetrated deeper than the skin, or occipito-frontalis, or mere indentations of the skull. When searching for evidence which might affect, if tried for murder, the life of a fellow practitioner, it was a high and imperative obligation to search out the truth with all care and circumspection. This scrupulous course was due to himself, to the accused, and to the public. Yet so superficial was the inspection that he merely measured the wound and guessed at the coagulum, without examining the parts important to life subjacent to the cranium. For aught the witness knew, there was a coagulum under the parietal bone as large as the external one, which so strangely monopolised his attention. For this superficial discharge of duty there is not even the apology of incipient putrefaction, which, says Dr. Craigie, "had not commenced."

The witness, the lawyers, the judge and all, took it for granted that the child was alive from the beginning of labour till the reception of the injury. The mother, however, according to a witness, was, during the night, "in great distress, (from the severity, it is presumed, of the pains), calling on the medical attendant to break the child's skull;" and it is stated, "there had been considerable flowing of blood." Therefore foetal death might have arisen from very unusually violent uterine action, with placental detachment. Hence it was a point which ought to have been elucidated to those, who, unversed in medical science, were called upon to convict, perhaps, for murder.

It is true that the circumstance of blood following the wound, and moreover coagulating, proved that the child was living at the time of receiving it. But on the other hand it might, from the evidence itself, be contended that it was born alive, exhausted, however, and died from this hasty assumption of "existing mortal injuries."

The witness says, "as soon as expelled, he observed a wound on the scalp about an inch in length." But he does not mention as then apparent (and had he seen it, surely he could not have failed to note it down) "a considerable tumour, three inches in diameter, and distended with two ounces of coagulum." The wound would have been lost to his eye in the magnitude of the tumour. How, then, did it happen, that if no such tumour presented itself to the witness immediately after birth, it existed long afterwards, upon the joint inspection with Dr. Craigie after disinterment?

During the passage of the child, the pressure of the maternal parts in close contact with the parietal region of the child's head prevented fatal hemorrhage. But upon birth, in an apparently lifeless state, a slow and imperceptible action of the heart went on with consequent extravasation of blood from the uncompressed vessels into the adjacent cellular tissue, there forming a coagulum, as life and circulation silently languished to a close. A new-born child, after remaining half an hour apparently dead, has been resuscitated by persevering long-continued means.

Indeed the witness is not satisfactorily positive about another very interesting fact,—“Whether the child *breathed or not* after its expulsion *cannot remember*: *thinks* if it had, that he should not have forgotten it.” This is not the direct and undoubting declaration of a medical witness, who saw the child ushered into the world; who instantly had his fingers on the cord and his eye on the face, looking with breathless anxiety for a gasp; and who, disappointed, instantly laboured to excite the needful function by rubbing some stimulus on regions connected with the respiratory nerves, inflating the lungs, and the like. By his “manual examination” he had ascertained, before delivery, that there was a wound in the scalp, into which he could introduce his finger, and feel it to be superficial. There was, therefore, a reasonable anticipation that it would be born more or less actively alive. But notwithstanding this reasonable presumption, was the pulsation of the umbilical vessels after birth ascertained? No. Did the infant breathe? Witness cannot remember. Did he use any means for resuscitation? No. Did he, in “making as accurate an examination of the infant as possible,” carefully ascertain the evidence and condition of the vital power? No. How then were these moments, so all-important to the child, employed? In ascertaining that it was “a male, full grown, the ossification *as complete as it could be at birth* (query?), and the testes in the scrotum.” And why was he thus remiss in looking after the vital spark that he might husband it into a flame? Because, he says, “there was sufficient evidence of existing mortal injuries.” And what was this injury? “A wound in the scalp about an inch in *length*.” And what was the *depth* of the mischief? The examination after death and after disinterment was only skin deep.

In censuring the extraordinary use of the scissors by Dr. Keyes, we ought not to withhold a plain condemnation of the use of ergot by Dr. Thomas Rolph. There have been undoubtedly instances where its indiscreet use has sacrificed the child. The degree and duration of the uterine contractions have, by the decree of creative benevolence, been so admirably measured and limited to the capability of the child to bear them with impunity, that even in very protracted cases it sustains little or no mischief. But when a medical man, forgetful of this law of the animal economy, this wise adaptation of means to the end, undertakes to exasperate the uterus artificially, to bring it into a tonic state, so as to maintain an unrelenting grasp upon the child, instead of an alternate state of contraction and relaxation, it is literally squeezed to death! The whole uterine surface is in close contact with the child; and independent of the impediment to the cutaneous circulation caused by this constant constriction, the cord in some positions could not escape pressure, and would in all positions be endangered. Whenever, therefore, a full dose of ergot is administered, so as to act powerfully upon the uterus for any considerable time before delivery is effected, the child is endangered, perhaps falls a victim. This is confirmed by experience. The advice of some American medical writers of acknowledged authority is of questionable latitude, viz., “not to administer ergot till the mouth of the womb has dilated to the size of a dollar;” which Dr. Thomas Rolph perhaps means by “a moderate dilatation.” He is mistaken in supposing that there is not a great difference among medical men when to administer this auxiliary to labour; as the sequel will show. Some to this day deny its specific influence on the uterus.

The administration of a dram of this useful and dangerous medicine was

commenced "after waiting about half an hour." The announcement of danger to herself or her child, or to both, and the arrival of a second accoucheur, a stranger, to hold a formidable consultation, would, in perhaps all cases, in a greater or less degree, suspend uterine action. A little conversation with the patient, with becoming cheerfulness, and with a kind yet honest expression of opinion upon her real condition, would have been a better remedy than the spurred rye. By such a course, nature would have been soon conciliated to co-operate with her well-balanced powers in a way more desirable both for the parent and the offspring.

Independent of the impatience implied by waiting only "about half an hour," there appears, from the testimony of the witness, to have been no apparent or supposed necessity for the medicine. "The pulse and countenance were good;" "the labour was then only in course of progress;" "the presentation was natural;" and "he recommended patience." Why, then, did he not practise it? There was every presumption that nature was competent to the work; for the patient had already given birth to seven living children. And the very fact that her past labours had "all terminated well," though "somewhat protracted," was the intelligible language of nature against impatient interference. As all uteri do not act in unison, and every pelvis and every fœtus bear to each other an invariable relation of size and form, we must expect many deviations in the natural process; and both prudence and safety require that we should leave nature herself, whenever we can, to adjust her operations to the circumstances of every case, instead of artificially irritating the organ, without any adequate reason, to an intensity of action ill adjusted to the interests of the mother or child. The witness further says, "the labour was strictly a natural one;" and again, "the os uteri was not fully dilated at the time," and yet "the hand could *readily* reach the ear!" Every statement shows that the administration of ergot was not only superfluous, but calculated wantonly to accelerate a natural process, going on with a safety and reasonable expedition, which art might endanger but could not improve.

The witness says, "the pains (after the exhibition of the ergot) becoming brisker, the head of the child was soon *forced down* and expelled." But within the time implied by the word "soon," the mouth of the womb had to complete its dilatation, the head to be "forced down" into the pelvis, and be expelled. May not a child suffer when thus unnaturally and tightly embraced by the uterus in a state of constant tension, to do in one hour, what it would be better to do in three hours? The word "soon" may in this case comprehend a longer period than the child might welcome under this "brisker" action; for the witness was called in haste a distance of only seven miles, between four and five o'clock in the morning, administered the ergot after waiting about half an hour, and the child was not born "till about an hour and a half after sunrise," on the 18th of Sept., 1835.

Instruments in midwifery should, indeed, be used most sparingly; but notwithstanding the rule of "forty hours," every case must, after all, rest on its own peculiar necessities, under the direction of the humane and intelligent practitioner.

BIBLIOGRAPHICAL NOTICES.

*Stevens's Lectures on Lithotomy.*¹

These lectures—as well as another on the primary treatment of injuries,² which we did not receive until some time after its first publication—proceed

¹ Lectures on Lithotomy, delivered at the New York Hospital, Dec., 1837. By Alex. H. Stevens, M. D., &c. &c. 8vo (five lithographs), pp. 93. New York, 1838.

² A Clinical Lecture on the Primary Treatment of Injuries, delivered at the New York Hospital, Nov. 22, 1837. By Alex. H. Stevens, M. D., Surgeon of the New York Hospital, and Emeritus Professor of Clinical Surgery. 8vo, pp. 34. New York, 1837.

from a respectable source, and from one who seems to be desirous, in this detached manner, of favouring the profession with the results of his experience and reflection.

In speaking of the statistical results of the operation of lithotomy, Dr. Stevens states his belief that the average mortality is nearly one in seven or eight; or in other words that the estimate of Sir A. Cooper is a just one; yet it appears to us that this can only apply to the crowded and unhealthy cities of Europe. In our own cities we know that the average mortality is far less; whilst in country situations this estimate would be regarded frightful. Take, for example, the one hundred and fifty-three operations of Dr. Dudley, of which he says he has not lost one—by the operation; but reckoning the four deaths that took place out of this number, as would be done probably by most surgeons,—they certainly would be by Dupuytren,—the mortality was one in about thirty-eight;—a greater mortality than befel Mr. Martineau, in England, who, according to Dr. Stevens's showing, lost two cases in eighty-six, or one in forty-three.

There is something, as we before remarked, very inexplicable in the discrepancy of these estimates.

Dr. Stevens prefers the bilateral operation, and he has invented a new instrument for the bilateral section of the prostate: "in form it resembles an olive, with a beak at the extremity, with cutting edges at the sides, parallel to its longest axis, and with a straight handle." Of this instrument there are three sizes. The grooved staff employed in connection with this instrument is as wide as the urethra will admit, and the groove gradually terminates as it approaches the end of the staff.

"The advantages in the use of this instrument are," says Dr. Stevens, "*First*, That the circular form of a transverse section gives an opening through the gland of three diameters instead of two, as when a flat instrument is employed; thus it is not necessary to carry the incision so far laterally to obtain an opening of given dimensions; and hence there is less likelihood of hemorrhage from injuring the plexus of vessels that surrounds the prostate. *Second* [ly]. The prostate is cut horizontally, and though not absolutely, yet for all practical purposes, in its greatest diameter. *Third* [ly]. The rectum is pushed back by the convexity of the instrument. *Fourth* [ly]. As the prostate is stretched transversely across the instrument, the section is made by a clean cut, and with so little resistance that the instrument does not, like ordinary gorgets, require to be thrust in with force, but may be passed lightly along until the section is completed; thus there is less danger of wounding the fundus of the bladder by a sudden cessation of resistance from the parts divided; they are, in fact, divided without force. *Fifth* [ly]. The easy division of the prostate obviates the danger of tearing the cellular tissue which connects the anterior surface of the bladder to the posterior wall of the ossa pubis."—p. 54.

It is proper to remark, that although Dr. Stevens regards the lateral operation, "as essentially defective and unnecessarily hazardous," it is the one adopted by the most successful lithotomists of this and other countries, whilst the bilateral operation has been practised by few. Within the last few days we have heard those who have been distinguished for their dexterity in the operation affirm that they desire no better operation than the lateral.

In the last number of the *Edinburgh Medical and Surgical Journal*,¹ the

¹ For Jan., 1838, p. 291.

reviewer of Dr. Bushe's work on the "Diseases of the Rectum," remarks, that "like most American books it abounds with typographical errors;" we are sorry to say, that the work before us is not an exception to this rule. The fault, we are satisfied, from our own experience, is rather that of the author than of the printer. In some cases, it is true, the difficulty of passing a work through the printer's hands correctly is extreme; and occasional errors may occur to the best printer and reader; but in the generality of cases we ourselves have had but little difficulty; and—we may be permitted to say—in the office from which this periodical is issued, we have experienced none. We notice in Dr. Stevens's work the following words, *sympthisis*, *rapha*, *tines* for lines, *medna* for median, &c.

Tiedemann's Physiology.¹

The first volume of M. Tiedemann's work has been before the profession for several years, and has been translated into French and English. It embraces the department of comparative physiology, which the author has not yet completed. We regret to learn that sickness and death in his family have delayed the progress of his valuable work, which according to all appearances is destined to be voluminous. The volume before us is the "third," the second not having been published; and one of the reasons which appears to have impelled M. Tiedemann to the publication of the present volume was the appearance of the following unauthorised work,—"*Physiologie der Verdauung, nach den vorlesungen von Dr. F. Tiedemann, Ulm 1835, (Physiology of Digestion, according to the Lectures of Dr. F. Tiedemann, Ulm, 1835).*"

The volume before us is only the first part of Digestion, and is chiefly concerned with dietetics; some remarks on hunger and thirst being prefixed. We confess the impression made upon us by the work as it proceeds is not as favourable as that which we derived from the first volume. It is diffuse; and we *fancy* there are not the same evidences of accuracy and erudition as were exhibited in the first volume; but our sentiments we hope may be modified as the work proceeds. The plan pursued by the author, of issuing volume after volume at uncertain intervals, neither does justice to himself nor the reader, and should be avoided as far as practicable.

Of the knowledge of M. Tiedemann there can be but one opinion; but a difference of sentiment may exist as to the most advisable method in which it ought to be promulgated.

*Mechanical Treatment of the Itch.*²—This method, first proposed by Dr. Köhler, consists in rubbing the parts affected by itch with finely-powdered brick-dust. It was extensively tried in the Berlin Hospital during the last half of the year 1836. The number of persons treated amounted to 578, and the mean duration of treatment was 18½ days for each patient. The mean period of treatment with sulphur ointment had been previously ascertained to be fourteen days only. Relapses, also, occurred much more frequently under the former method of treatment, which was accordingly abandoned.

¹ *Physiologie des Menschen*, von Friedrich Tiedemann, Lehrer der Anatomie und Physiologie an der Universität zu Heidelberg. Dritter Band. Nahrungs-Bedürfniss, Nahrungs-Trieb und Nahrungs-Mittel des Menschen. Mit Königlich Württembergischem Privilegium. 8vo, s. 403. Darmstadt, 1836.

² *Berlin Medicin. Zeitung*, and *Lancet*, Feb. 10, 1838, p. 717.

University of Pennsylvania.

At a public commencement, held on Friday, April 6th, 1838, at the Musical Fund Hall, Locust street, the degree of Doctor of Medicine was conferred upon the following gentlemen, by the Rev. Provost John Ludlow, D. D.; after which an address was delivered by W. E. Horner, M. D., Professor of Anatomy.

- Agnew, David H., of Pennsylvania, Medical Science, and Responsibility of Medical Character.
 Alliston, Robert P., Tenn., Acute Hepatitis.
 Armistead, Thomas D., Virginia, Icterus.
- Barnes, Joseph K., Penn., Angina Pectoris.
 Bethell, John P., Pennsylvania, Uterus.
 Boatwright, John H., South Carolina, Signs of Disease derived from Cough and Expectoration.
 Bockee, Jacob, New York, Colica Pietonum.
 Bond, Stephen, Nova Scotia, Pneumonia.
 Braxton, William P., Va., Intermittent Fever.
 Brent, Daniel, Dis. of Columbia, Hysteria.
 Buck, John R., Tennessee, Auscultation and Percussion.
 Bullitt, Henry M., Kentucky, Morbid Anatomy of Mucous Coat of Stomach and Bowels.
 Bulloch, William G., Georgia, Pneumonia.
- Calhoun, Aquila T., Geo., Remittent Fever.
 Carter, Francis B., Alabama, Some of the Physical Peculiarities and Diseases of Southern Negroes.
 Champlin, Stephen, Conn., Principles of Diet.
 Chew, William L., Mississippi, Cholera.
 Christian, Samuel B., Va., Intermittent Fever.
 Clement, Robert A., Virginia, Erysipelas.
 Cocke, Carey C., Virginia, Erysipelas.
 Cocke, Thomas R., Kentucky, Hypertrophy of the Heart.
 Connel, Alva, Georgia, Acute Gout.
 Cooke, Armistead T. M., Va., Urinary Calculi.
 Corson, David E., Pa., Errors relative to the Preservation of Health.
 Cross, Wm. C., North Carolina, Ascites.
 Cummins, William, Delaware, Colitis.
- Dale, James W., Philadelphia, Is Medical Science favourable to Scepticism?
 Davis, Stephen, Alabama, Atmospheric Air.
 De Young, Phillip, Pennsylvania, Poisonous and Remedial Effects of Stramonium.
 Dewees, Oscar L., Philadelphia, Peritonitis.
 Diddep, James L., Virginia, Scarlatina.
 Dimon, David, Connecticut, Indigestion.
 Dimon, Theodore, Conn., Conium Maculatum.
 Dodson, William E., Virginia, Asphyxia.
 Dollarhide, Benjamin E., Ala., Pseudo Arthritis.
- Early, John F., Virginia, Menstruation.
 Egé, Charles N., Penn., Acute Dysentery.
- Faulkner, Horace D., Va., Irritable Testis.
 Fauntleroy, Samuel G., Virginia, Human Teeth.
 Franklin, Bedley L., Georgia, Medical Vagaries.
 Foreman, Isaac, S. Carolina, Cholera Morbus.
 Furniss, John P., Louisiana, Grippe.
- Gardiner, Daniel P., Virginia, Crystallisation.
 Glass, William H., North Carolina, Fever.
 Graham, Richard J., Virginia, Digestion.
 Granier, Elias D., Virginia, Temperaments.
 Green, Sherwood, Tenn., Intermittent Fever.
 Green, William A., New York, Purpura.
 Griscom, John D., Pennsylvania, Dysentery.
 Guion, John A., North Carolina, Colica Biliosa.
- Halseon, George J., Virginia, Diagnosis of Typhus and Typhoid Fever.
 Hamilton, David B., Georgia, Pneumonia.
 Hamilton, Walter J. A., Georgia, Intermittent Fever.
- Hanson, John A., Georgia, Therapeutical Application of Water.
 Harding, William H., Va., Lingering Labour.
 Harpur, John, Rhode Island, On the Reciprocal Influence of the Mind and Body.
 Henckel, Silon A., Virginia, Pleurisy.
 Hendree, George R., Virginia, Hydrocele.
 Herring, William, Virginia, Carbon.
 Hicks, William R., North Carolina, Opium.
 Hopkinson, Joseph Jr., Philadelphia, Development and Sympathies of the Liver.
 Horne, Charles N., Georgia, Infantile Remittent Fever.
 Huntingdon, Jedediah, N. Y., Doctrine of Forces.
- Jackson, Samuel Jr., Philadelphia, Fracture of the Cervix Femoris.
 Jarratt, William A., Georgia, Digitalis.
 Jeffrey, Richard W., Va., The Vesiculæ Seminales.
 Jones, Walter F., Virginia, Permanent Contraction of the Fingers.
 Jordan, Reuben G., Alabama, Cynanche Trachealis vel Tracheitis.
- King, William R., North Carolina, Intermittent Fever.
 Kortright, Charles E., Porto Rico, Traumatic Tetanus.
 Kuhn, Charles Jr., Philadelphia, Jaundice.
- Lansdale, Philip, Md., Dysentery Acuta.
 Lewis, Charles S., Va., Phthisis Pulmonalis.
- Madison, Thomas C., Va., Nitrate of Potassa.
 Meigs, John F., Philadelphia, Pleurisy.
 Meriwether, George M., Alabama, Icterus.
 Minor, George G., Virginia, Death.
 Motley, Joseph F., Virginia, Dysentery.
 Motley, James L., Virginia, Intermittent Fever.
 Moore, Edward M., New York, Pericarditis.
 Moore, William H., Alabama, Hydrophobia.
 Moss, John W., Virginia, Hemoptysis.
 Muhlenburg, Henry, E. Pa., Acute Rheumatism.
 M'Coy, John M., Pennsylvania, Hemoptysis.
 M'Elhenny, Washington, Virginia, Cholera Infantum.
- Newell, Azariah D., New Jersey, The Diseases of the Teeth and their Influence on the Constitution.
 Newton, Thomas, Virginia, Coxalgia.
 Noland, George G., Miss., Cynanche Trachealis.
- Palmer, Etheldred J., Georgia, Scarlet Fever.
 Payne, George B., Virginia, Arthritis.
 Peck, Oliver J., New York, Hematemesis.
 Pennington, John P. P., Virginia, Scarlatina.
 Pleasants, James A., Virginia, The Importance of the Teeth in regard to their Functions.
- Rambo, Samuel, South Carolina, Plastic Force—Power of Formation and Nutrition.
 Randolph, Arthur M., Florida, Neuralgia.
 Ray, John T., Delaware, Dyspepsia.
 Reid, John H., Alabama, Dysentery.
 Rives, William, Tennessee, Pus.
 Robertson, John, Delaware, Enquiry into Cause of Labour.
 Ruffin, William H., North Carolina, Jaundice.
- Schuyler, Philip A., New York, Sleep and Dreaming.
 Scott, Thomas L., Virginia, Circulation.

Semple, Matthew Jr., Philadelphia, Philosophy of the Practice of Medicine.
 Shaw, Henry M., North Carolina, Modus Operandi and Therapeutical Application of Emetics.
 Shollington, William E. J., North Carolina, Theory.
 Silver, Silas B., Maryland, Epidemic Diseases of North America.
 Simmons, D. Dawley, North Carolina, Physical and Local Diseases of the Liver.
 Sinclair, Wm. B., Va., Miasmatic Fevers.
 Skelton, John G., Va., Endocarditis.
 Smith, Franklin R., Philadelphia, Neuralgia.
 Smith, Isaac, New York, Influence of Mind on Disease.
 Smith, Jervis S., Pennsylvania, Malaria.
 Stanton, Darwin E., Ohio, Irritable Uterus.
 Steiner, Henry H., Maryland, Jaundice.
 Stith, Leonidas Y., Ala., Chemo-Physiology.
 Stone, Richard W., Ga., Nutritive Functions.
 Strobhart, Jacob, South Carolina, Animal Heat.
 Studdiford, Henry V., New Jersey, Organic Life.
 Sullivan, Isaac, North Carolina, Acute Rheumatism.

Taylor, George L., Philadelphia, Dysentery.
 Taylor, Henry S., North Carolina, The Phenomena of Life.
 Taylor, J. Winthrop, Philadelphia, Physiological Action of Poisons.

Thornley, John, Virginia, Arsenious Acid.
 Tucker, John E., Va., Pathology of Fever.
 Tulloss, Samuel S., Tenn., Acute Hepatitis.
 Turner, William A., North Carolina, Treatment of Fractured Os Femoris.
 Turner, William M., Tennessee, Indigestion.
 Tyson, James L., Philadelphia, Iodine.
 Van Arsdale, Henry, New Jersey, Appearance of the Tongue indicating Disease.
 Van Wyck, Edward H., New York, Compression of the Brain.
 Vason, Jesse M., Geo., Pathology of Fever.

Waddill, Charles D., Miss., Acute Gastritis.
 Walker, Jacob G., North Carolina, Phthisis Pulmonalis.
 Warren, Thomas D., Va., Atmospheric Air.
 Waters, Franklin, Maryland, Acute Hepatitis.
 Watkins, Francis B., Va., Cholera Infantum.
 Watkins, Lucien M., Virginia, Irritation.
 Webb, William T., Alabama, Hygiene as Applicable to Alabama.
 Weir, David Park, Virginia, Aneurism.
 Williams, Thomas J., Va., Chronic Bronchitis.
 Williams, Solomon P., North Carolina, Pathology of Cellular Tissue.
 Wilson, William G. G., Maryland, Rubella.
 Wilson, Delany L., South Carolina, Arsenic.
 Winfree, David C., Va., Acute Rheumatism.

At the commencement of July, 1837, the degree of M. D. was conferred upon the following gentlemen:—

Bryan, Daniel L., South Carolina, Caries and Curvature of Spine.
 Carrere, M. E., South Carolina, Epidemic Cholera.
 Davis, A. B. C., Kentucky, Scrofula.
 Drake, John C., North Carolina, Dysentery.
 Draper, A. Weld, Massachusetts, Scarlatina.
 Dunbar, Joseph, Mississippi, Apoplexy.

Hammersly, Edwin S., Pennsylvania, Variola.
 Haywood, W. D., North Carolina, Acute Gastritis.
 Howard, Henry, Maryland, Hydrocephalus.
 Merillat, Charles, Pa., Cynanchum Oleosifolium.
 Magill, Buckner T., Virginia, Cystitis.
 Minor, James M., Virginia, Phrenology.
 Rochelle, James H., South Carolina, Acute Gastritis.

Hydrophobia after Seven Years' Bite.—The president, Mr. Hale Thomson, laid before the Westminster Medical Society the larynx, trachea, and spinal cord, taken from a boy seventeen years of age, who had died in prison the day previously, under all the symptoms of hydrophobia. The history of the case had that morning been detailed in a clinical lecture by Mr. White, at the Westminster Hospital. It was briefly this. The boy had been in prison twenty-five months, and had never been exposed, during that period, to the bite of any animal; but he stated that he had been severely bitten by a dog seven years ago, and a scar remained on the right hip from that cause. During the twenty-five months of his confinement, he had always appeared sullen, gloomy, and reserved, and was never known to look the person in the face to whom he spoke. He had not complained of illness until three days previous to his death, when he became debilitated, and was removed into the infirmary of the prison. At first, the case appeared to be that of a common cold, but symptoms were rapidly developed of the most alarming character, not unlike those of spasmodic cholera. The right hip, on which the bite had been inflicted, became excessively painful, and shooting, spasmodic twitches pervaded the whole leg; the boy constantly imploring that the most violent frictions should be applied. Sixteen hours previous to dissolution, the most decided symptoms of hydrophobia were manifested, and continued, with short intermissions, until convulsive delirium closed his life. The autopsy was as follows:—The larynx and trachea, throughout its whole length, presented the appearance of acute inflammatory action; the whole of the surface of the spinal cord appeared highly injected, and of a vivid scarlet colour. In the head there was no particular appearance, with the exception of a few red spots on the surface of the brain. The cerebellum seemed full

sized, and the middle lobes were large. The scalp was of extraordinary density, and the cranium somewhat thicker than usual. The stomach and intestines were perfectly healthy. The treatment adopted at the Penitentiary consisted in the application of blisters to the whole course of the spine, and the endermic use of morphia. Four minutes after the morphia had been used, the patient became completely calm, and remained so for a short period, when the symptoms again recurred with all their former violence.

Mr. Pettigrew referred to some particulars of cases which he had brought before the society during a previous session. In these instances the vascularity of the trachea ceased abruptly at its point of division into the bronchia. A similar termination of the diseased action was also observable in the œsophagus, at a point corresponding with that in the trachea. The bladder was empty, and its mucous surface inflamed. Regarding the extent of time which had elapsed from the receipt of the injury to the development of the symptoms in Mr. Thompson's case, he (Mr. P.) believed that a case was on record in which the virus lay dormant for nineteen years, and, at the end of that time, the disease proved fatal. In the cases which he (Mr. P.) had brought before the society, the disease manifested itself in periods varying from six to eight weeks after the receipt of the injury.

Dr. Sigmond was of opinion that the case related by the president was an instance of hydrophobia occurring spontaneously, rather than from contagion. It was allied to those cases recorded by Dr. Parry, of Bath, in which every symptom of hydrophobia was present, but which gave way under the use of the lancet. This state, occurring in females, would be called hysteria, in severe forms of which affection the train of symptoms resembled hydrophobia.

Mr. Chance enquired whether any member had seen a fatal case of hydrophobia which could not be traced to a previous inoculation by a bite. Tracheotomy had been recommended in this affection, as it would afford time, at least, for the employment of other remedies.¹

Turpentine in Sciatica.—M. Ducros² has frequently found sciatica, which had resisted the ordinary means, yield to enemata, containing a large dose of the essential oil of turpentine. Several successful cases are related by him. In one instance, the pain yielded to one enema, containing an ounce of the oil of turpentine; in another, six lavements were administered in three days, when the neuralgia gave way; in a third, the quantity was raised to two and a half ounces in each lavement; in a fourth, the lavements were continued for a fortnight.

Poisoning from Strychnine.—Cases of poisoning from strychnine do not frequently present themselves; the following case is, therefore, worthy of being placed upon record, for the purpose of serving as a reference on future occasions.

On the 2d of July, a young man, seventeen years of age, who had for a long time suffered under depression of spirits, took a large dose of strychnine (two scruples). No sooner had the first symptoms of poisoning, viz., anxiety and agitation, set in, than he repented of the deed, and sought for medical assistance. After the lapse of a quarter of an hour a physician came, who immediately administered four grains of tartar emetic, but with the effect of producing only insignificant vomiting. The patient now lay stiff upon his back, with the head somewhat bent backwards; the lower extremities were perfectly stiff; the upper still free; the visage pale and haggard; the pulse quick and contracted; the heat of skin normal; he spoke with a firm voice and in a collected manner, but trismus was evidently commencing. The attacks of trismus soon became more violent, and the spasms

¹ Lancet, Feb. 3, 1838, p. 675.

² Ibid, Feb. 17, 1838, p. 735.

extended to the muscles of the chest; the thorax appeared compressed, and the respiration was unequal and interrupted. Strong doses of emetic tartar, aided by titillating the fauces, produced only very moderate vomiting; tincture of iodine and morphine were also administered without relief. The accesses of trismus and oppression were now repeated, at intervals of a minute, for a short time, when the whole body was attacked with tetanus, becoming as stiff as a board; the suffocation was extreme, the jaws firmly locked together; the upper extremities were firmly flexed at the elbow-joints and applied across the chest; the lower extremities were extended and stiff, the soles of the feet concave.

By degrees the respiration became more unequal, and finally ceased; the heart continued to beat in a disorderly manner, but its pulsations soon became imperceptible; the skin was now of a dusky blue colour, the face deep purple; the eyeballs prominent, the pupils dilated and insensible. As the suffocation became more imminent, all signs of consciousness disappeared, and the patient lay for a few minutes without motion, in a state of the most perfect universal tetanus.

Death was expected to put an end to this distressing scene, when a remission of the convulsions suddenly manifested itself; the limbs became relaxed, and after a long deep-drawn inspiration the pulsations of the heart and arteries were again perceptible; consciousness and the power of speech were also restored, but the articulation was imperfect. Efforts to produce vomiting were now repeated, but in vain. A gum-elastic catheter was passed through the nostrils into the stomach, a quantity of fluid introduced and then withdrawn, and some acetate of morphia administered; no relief, however, was obtained. After the lapse of a quarter of an hour the patient was again seized with a shivering fit, followed by general tetanus, which soon terminated in a state of asphyxia; the median vein was immediately opened, but only a few drops of blood could be obtained, and the death of the patient took place an hour and a half after the self-administration of the poison.

Examination twenty hours after death.—Skin of a dark colour; the face less contracted than during life; pupils not remarkably dilated; body excessively stiff. On opening the vertebral canal two quarts of thick fluid blood escaped. The plexuses of the spinal veins and the pia mater were highly congested, and on removing the membranes some serum escaped from beneath them. The upper part of the spinal marrow was exceedingly softened; but the lower portion, near the cauda equina, was, on the contrary, hard. The substance of the brain was merely congested, but not altered in any way; the membranes were healthy. The vessels contained in the cavities of the chest and abdomen were highly congested; the mucous membrane lining the mouth and œsophagus was free from inflammation; the stomach was filled with slimy mucus, but did not present any appearance of having undergone organic change.—*Würtemb. Med. Corresp.*, Bd. 7, 1837.¹

Thymus Gland.—Complete atrophy of the thymus gland, it is affirmed,² does not take place in the child before the age of twelve years. A remnant has been found as late in life as fifty years.

Hydriodates of Potassa and Iron in Discharges from the Nose.—The two following cases have been recently published in a London medical periodical; the first occurred in the practice of Dr. Elliotson, at the University College Hospital, the second is described by Mr. Geo. Fayrer, of Barking, Essex.

A. W., aged twenty-eight, was admitted Nov. 28, under the care of Dr. Elliotson. Always enjoyed good health until last Christmas, when she

¹ *Lancet*, Jan. 27, 1838, p. 647.

² *Ibid.* Feb. 3, 1838, p. 665.

was attacked with pains in the forehead and nose, attended with a discharge of a thick yellowish matter from the right nostril. The pains of the forehead have of late become more violent, and the discharge accompanied with a smell like that arising from putrid meat. Till within the last few months the patient has been under the care of a surgeon, who treated the case antiphlogistically, without producing any relief. She had syphilis fourteen years ago.

At present she suffers from darting pains in the head, which are more severe at night. The fore part of the head is more affected than the back; the face has a bloated appearance; the lower eyelids are swollen. There is a darting pain in the right eye, attended with an increased secretion of tears, which run down the cheek. There is pain, on pressure, over the right lachrymal duct; the breathing through the right nostril is slightly affected; the mucous membrane of the nostril is of the natural colour. The secretion from the nostril is thick, and somewhat of the form of the cavity of the nose. Bowels constipated; pulse 85, and weak; mouth slightly affected from mercury. To have three grains and a half of the hydriodate of potash in solution three times daily.

Dec. 2. Pain in the head less. Four grains and a half of the medicine for a dose.

7. Pain less on alternate days. Five and a half grains to be taken for a dose.

9. Still improving. Increase the hydriodate to seven grains.

12. Discharge from the nose increased. A small piece of bone, the size of a pin's head, came away the day before yesterday.

17. Went on improving until to-day; the discharge is much less, and the fetid smell almost gone. She left the hospital at her own request.¹

June 21, 1836, a little girl, two years old, was brought to me by her mother, who said the child had from her birth been affected with difficulty of breathing, which sometimes in the night almost amounted to strangulation, deglutition at times also much impeded, and latterly alteration in the voice. She states that a fortnight before a thick puriform secretion was discharged from both nostrils, which continued without intermission. After clearing the bowels with mercurial purgatives, I ordered a scruple of hydriodate of potash, in four ounces of water, gradually increased to two scruples, a portion of which is to be injected up the nostrils three times a day; also a mixture containing sixteen grains of the hydriodate in two ounces of camphor mixture, two teaspoonfuls to be taken three times a day; which injection and mixture she continued till the beginning of August, when she became quite well, and has never had any return.²

Plaster of Paris in Fractures.—It would appear, from a recent communication made by Mr. Thomas Ingle to a respectable English periodical,³ that the plan of treating fractures by means of plaster of Paris casts was well known to and generally practised by the Arabians.

Tropical Plants.—We observe, by a report to the house of representatives, that a committee of congress have agreed unanimously to report a bill setting apart to Dr. Henry Perrine, late consul of the United States at Campeachy, "one township of the public land south of the twenty-sixth degree of latitude, in East Florida, upon condition of its occupancy and successful cultivation within a limited period, and under certain restrictions and con-

¹ Lancet. Feb. 10, 1838, p. 725.

² Ibid. Feb. 24, 1838, p. 726.

³ London Medical Gazette, Feb. 24, 1838, p. 850.

ditions, as set forth in said bill ;"—the object being "the encouragement of the growth of new and important agricultural products, exotic vegetables, and tropical plants." Amongst these we see specified, "the Peruvian bark, sarsaparilla, canella, and innumerable salutary medicines for the removal of disease."

Morbus Pedicularis.—At a meeting of the Medical Society of London, Jan. 15, 1838,¹ the President, Mr. Bryant, stated that there was a remarkable case of this disease in Guy's Hospital. The subject was a woman about thirty years of age, whose occupation had been that of a governess. The body was constantly covered with pediculi, the irritation produced by which had induced the patient to scratch herself to such an extent, that many parts of the surface presented the appearance commonly observed in porrigo. On her admission she was placed in a warm bath, her clothes were removed, and every precaution used to get rid of the insects ; but in two hours after being put to bed the surface was again covered, and all attempts at removing the vermin were unsuccessful, the regeneration of them being so remarkably rapid as to set remedies at total defiance. Nothing like cysts containing the ova of these insects was observable.

In commenting on this case, Mr. Dendy said the disease was a formidable one. He believed that one of the kings of England fell a victim to it, as did also, according to report, one of the late royal duchesses. No doubt every thing in the last case was tried, but without success.

The generation of these insects must be rapid if it can be perfected in the space of two hours ; and the nidus must be most favourable. It fortunately happens that the precise nidus, or state of the body, requisite for the development of this loathsome disease, rarely presents itself.

Medical Practitioners in Australia.—A recent writer,² lately returned from Australia, cautions young medical men against the belief that their services are needed in that country. "The climate," he says, "is the finest in the world ; there is an abundance of every thing at a cheap rate ; plenty of employment, and the labourer is well paid. Raiment and fuel are, also, almost not needed ; they have there neither endemics nor epidemics, and the consequence of all this is, *health of the highest order.*" "Let no man," he adds, "go as a surgeon without ample remuneration, bargaining also to be brought back. If he do not this, he must become a clerk, or a cattle-driver ; or he must starve."

Creosote in Obstinate Ulcerations.—Dr. Bürkner, of Breslau,³ reports a case of obstinate syphilitic ulcer, which, after resisting for more than a year every variety of general and local treatment that could be devised, at length yielded to the application of pure creosote, by means of a hair brush. The character of the pus secreted immediately improved ; the wound commenced healing by granulation from the bottom, and at the end of four weeks Dr. B. had the satisfaction of finding his patient quite well.

¹ Lancet, for Jan. 20, 1838, p.6 14.

² Ibid, Feb. 10, 1838, 16, p. 7.

³ Wochenschrift für die gesammte Heilkunde, Sept. 4, 1837.

BOOKS RECEIVED.

From Jacob Snider, Jr., Esq.—Fifth Annual Report of the Managers of the Pennsylvania Institution for the Instruction of the Blind, located in Philadelphia, &c. 8vo, pp. 36. Philadelphia, 1838.

From the Hon. J. Jackson, of Georgia.—Report of the Committee on Agriculture, to which was referred the memorial of Dr. H. Perrine, late consul at Campeachy, asking a grant of land in the southern extremity of East Florida, for the encouragement of the growth of new and important agricultural products, exotic vegetables and tropical plants, &c. 8vo. pp. 99.

Physiologie des Menschen von Friedrich Tiedemann, Lehrer der Anatomie und Physiologie an der Universität zu Heidelberg. Dritter Band. Nahrungs-Bedürfniss, Nahrungs-Trieb und Nahrungs-Mittel des Menschen. Mit Königlich Württembergischem Privilegium. 8vo, pp. 403. Darmstadt, 1836.

From the Publishers, Messrs. Carey, Lea, & Blanchard.—Popular Medicine, or Family Adviser; consisting of Outlines of Anatomy, Physiology, and Hygiene, with such hints on the practice of physic, surgery, and the diseases of women and children, as may prove useful in families when regular physicians cannot be procured; being a companion and guide for intelligent principals of manufactories, plantations, and boarding-schools, heads of families, masters of vessels, missionaries or travellers; and a useful sketch for young men about commencing the study of medicine. By Reynell Coates, M. D., Fellow of the College of Physicians of Philadelphia, Honorary Member of the Philadelphia Medical Society, Correspondent of the Lyceum of Natural History of New York, &c. &c., assisted by several medical friends. 8vo, pp. 614. Philadelphia, 1838.

From the same.—The Medical Formulary; being a collection of prescriptions derived from the writings and practice of many of the most eminent physicians in America and Europe. To which is added an appendix containing the usual dietetic preparations and antidotes for poisons. The whole accompanied with a few brief pharmaceutic and medical observations. By Benjamin Ellis, M. D., Professor of Materia Medica and Pharmacy. 5th edit. with additions. 8vo, pp. 231. Philadelphia, 1838.

From Dr. Warrington.—Twenty-first Annual Report on the State of the Asylum for the Relief of Persons deprived of the Use of their Reason: published by the direction of the Contributors, Third month, 1838. 8vo, pp. 21. Philadelphia, 1838.

Formulaire Général ou Recueil de Formules Pharmaceutiques, adoptées par les différentes Facultés de Médecine, et puisées dans les recueils particuliers de MM. Alibert, Magendie, Henry, Guibour, Chevallier, Milne Edwards, Vavasseur, Cadet de Cassicourt, Foy, &c. Publié par ordre alphabétique. 18mo, pp. 469. Bruxelles, 1837.

Traité de Pathologie Générale, par E. Frédéric Dubois, d'Amiens, Professeur Agrégé à la Faculté de Médecine de Paris, Président de la Société Médicale d'Emulation de la même ville, &c. &c. 2^{me} édition. 8vo, pp. 433. Bruxelles, 1835.

Nouveaux Elémens de Physiologie par M. le Baron Richerand, Professeur à la Faculté de Médecine de Paris &c. &c. 13^{me} édit. revue et corrigée par l'Auteur et par M. Bérard aîné, Professeur de Physiologie à la Faculté de Médecine de Paris, &c. Edition Belge, augmenté du Traité de Physiologie comparée par F. Tiedemann. 8vo, pp. 535. Bruxelles, 1837.